Introduction

In the last few years the subject of occupational stress has caught the public imagination. Occupational liability claims for stress-related injuries have increased both in number and size. A number of high profile cases have been awarded with substantial damages.

Stress is the reaction people have when the demands placed on them are not matched by either their ability to cope or by any other resources available to them. Occupational stress is that which arises as a result of, or is aggravated by, work.

It should be emphasised that stress in itself is not a disease or injury. However, an individual's experience of stress may be accompanied by changes in the way they feel, think, behave, and in their physical and psychological health. Extreme cases can lead to psychiatric injury and unemployability.

This section is a summary of a state-of-knowledge report produced in the year 2000 for ABI. Areas of uncertainty are highlighted here and provide a focus for the monthly monitoring and reporting work in this journal.

Further information on the state-of-knowledge for stress can be obtained from the LPC Centre for Risk Sciences, see contact details on the cover page.

Diagnosis

Normally, a recognised medical diagnosis is an essential element of a successful claim for compensation. The diagnosis establishes that medical harm has occurred and also the nature of the harm.

A firm diagnosis should normally have an agreed pathology, a unique objectively determined set of signs and specific, consistent symptoms. Currently no such diagnostic criteria exist to allow a diagnosis of stress.

Stress can be viewed as a state of mind arising from the interaction between a person and their environment, where demands placed by the environment are not matched by the ability of the person to cope with them. The nature of this interaction depends on both the person's psychological characteristics and the characteristics of the environmental situation. Although the experience of stress affects different people in different ways, there are recognised common reactions, particularly to severe stress. These include physiological responses, psychological responses and behavioural responses.

It is important to recognise that these effects, arising from the experience of stress, are not evidence that harm has occurred or will occur as a result of the experience. Although it is possible that harm may occur in the case of long-term severe exposure, many of the observed biological effects reported in the scientific literature have not subsequently been associated with diagnosable harm.

Due to the inherent variability in the responses to stress, it is not surprising that a diagnosis of 'stress' is rarely, if ever, reported in compensation claims. The cases that form the existing case law on the subject of stress have used diagnoses such as 'Nervous exhaustion' and 'Mental breakdown'. Unfortunately, for this review, many claims have been settled out of court, and so the nature and validity of the diagnoses involved are not publicly available.

The possibility of future diagnoses being accepted in lieu of 'stress' remains.

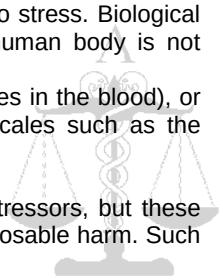
Causation

Much of the scientific evidence for causation is based on epidemiological studies, which attempt to identify risk factors. Epidemiological studies generally consist of two parts, i.e. measuring exposure of the human subjects to one or more risk factors, and measuring one or more health-related outcomes.

This immediately poses a number of questions.

1. What are the appropriate risk factors to measure?
2. How do you measure exposure to these risk factors?
3. What are the appropriate health-related outcomes to measure?
4. How do you measure these health-related outcomes?

- Most epidemiological stress studies pre-select answers to the first question, usually to test a hypothesis. The risk factors are generally defined according to an academic model of stress (e.g. the latitude of job control the subjects have).
- Exposure to the defined risk factors is usually measured by means of a questionnaire (e.g. Occupational Stress Indicator or Job Content Questionnaire) which assesses the subject's perception of their job. Although perception and reality may be widely different, the theory is that it is the perception that counts.
- Many physiological and psychological outcomes have been studied in relation to stress. Biological effects are not directly linked to actual harm. Evidence of an effect in the human body is not evidence of harm occurring.
- The health-related outcomes are either tested for directly (e.g. levels of hormones in the blood), or are usually defined as a result of the measurement process - constructed scales such as the General Health Questionnaire attempt to quantify a person's relative well-being.



There are likely to be many studies regarding biological effects and exposure to stressors, but these should not be assumed to give support to the idea that such exposures lead to diagnosable harm. Such support could be obtained from longitudinal studies.

The use of questionnaires in the research into stress requires that they be verified as consistent and accurate research tools. Currently the validity of such questionnaires is being questioned. Development of universally agreed questionnaires would be a significant step forward in this body of research.

Contribution/Aggravation

As the experience of stress depends largely on the individual concerned, all aspects of their lives will have bearing on the outcome. Psychosocial, socio-economic, behavioural and infectious factors all could have an influence on the natural history of stress-related illnesses.

Separation of the contributions of occupational and non-occupational risk factors is at best difficult. However, existing case law has dealt with compelling cases where the need for separation of contributions from occupational and non-occupational risk factors has not been an issue. Future cases may well examine the issue of contribution further.

Foreseeability

Currently, evidence of a work related diagnosable psychiatric condition is deemed sufficient to place an employer on notice (Walker v Northumberland County Council). It is possible that pressure will be placed to reduce this level to a precautionary approach, i.e. complaints by staff of work related discomfort or lack of well-being may well be deemed by regulators to be reasonable notice for an employer.

Surveillance

Given the trend towards a precautionary approach to risk management, it may well be judged by regulators that constant surveillance of the staff is required to prevent harm. This would probably equate complaints by staff of discomfort or lack of well-being as being directly related to eventual harm. The reasonableness of this is debatable.

Company surveys

So-called stress surveys carried out company-wide may highlight areas of a company where employees could be vulnerable to the experience of stress. However such surveys, generally based on the application of questionnaires, have not been demonstrated to be accurate predictors of harm. There remains the risk that such surveys may be used as evidence in a claim.

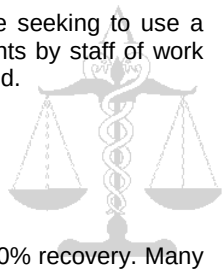
Consultants who perform such surveys may find themselves in a position to advise the courts on the relative 'stressfulness' of a workplace. Any such 'benchmarking' is only as reliable as the tools used to obtain the information.

Duty of care

Stress is not explicitly mentioned in any UK regulations. However, general regulatory duties addressing health risks are specified under the Management of Health and Safety at Work Regulations (1999) and associated guidance. These standards are currently widely accepted in the UK. However, recognition that their remit covers stress is not so widespread.

The HSE are currently undertaking a review of stress. The view of most sectors of industry is that an Approved Code of Practice on stress is required to manage the risks. The Approved Code of Practice would detail the management strategies required for businesses to conform to health and safety law concerning their employees' mental health. The formation of an Approved Code of Practice is likely to be a non-trivial task, given the large degree of uncertainty over the nature of the stress response. HSE have indicated that development of general management standards is the first step towards such a goal.

As mentioned under the heading of foreseeability, it is likely that regulators will be seeking to use a precautionary approach in future legislation. It is possible that response to complaints by staff of work related discomfort or lack of well-being may well be the criteria by which care is judged.



Prognosis

Stress is not a diagnosis, and therefore has no prognosis as such.

Diagnosed psychiatric conditions including those related to stress, rarely promise 100% recovery. Many such conditions require long term medication and apparently spontaneous relapses are not uncommon.

The best (albeit poor) predictor for the future occurrence for mental ill-health is previous mental ill-health. The predictive value of this information is not sufficient to guide on employment or placement decisions. In any case, the lifetime prevalence of some level of recognizable mental ill health is over 20%.

Rehabilitation

There is no single agreed method of treating injuries related to work-related stress.

It seems likely that a reasonable approach to rehabilitation would combine a consensual approach involving the injured party, their doctor, their employer and possibly their insurer.

There is good evidence (not conclusive) that cognitive behaviour therapy is a acceptable treatment for acquired mental ill-health of the sort that might be related to stress.

Mitigation

Mitigation of the stress response tends to consist of either tackling the causes of the stress or the ability of the person to cope with the stressors.

Although views differ on the importance of worker characteristics versus working conditions as the primary cause of occupational stress, evidence suggests that certain working conditions can be stressful to most people at some time e.g. lack of control, lack of support, bullying…. This tends to argue for a greater emphasis on working conditions as a manageable source of occupational stress. The relative effectiveness of such interventions does not seem to have been demonstrated.

The scientific literature on risk management is sparse. It is generally limited to recommendations and good management practice. Considering the high degree of individuality in the stress response, it is not surprising that no single approach has been demonstrated to be effective over all others.

Exposure

One popular question regarding occupational stress is; do high-stress industries exist?

It is certainly possible that some workplace cultures may not encourage understanding of all the relationships between people and their working environment. Such workplaces may unwittingly expose employees to unnecessary stressors, and not provide adequate support systems. However, this situation could arise anywhere. The tools that have been used to detect stressors in working populations have tended to focus on hazard identification rather than the balance between hazard and support.